

ONE-TIME ADVISORY FEE LIQUIDATION FORM

Date _____

To:

From:

NAME _____
(Investment Company Name)

NAME _____

ADDRESS _____

ADDRESS _____

CITY _____

CITY _____

STATE _____ ZIP _____

STATE _____ ZIP _____

SS# _____ DOB _____

ACCOUNT# _____

Please take this as your authorization to liquidate the amount of \$_____ from the above referenced account to pay Investment Advisory Management Fees. No Income Tax withholding is authorized or necessary.

Proceeds from the above-requested liquidation should be made payable and sent to:

c/o **Hamilton-Bates Investment Research, Inc.**
P.O. Box 270
Newtown Square, PA 19073
610-355-1970

X _____
Investor Signature

Investor Name (Please Print) *Date*

X _____
Joint Signature

Joint Name (Please Print) *Date*